

AUTHORIZED TELECOMMUNICATIONS UTILITY REPRESENTATIVE

Provide the ***name, title, address and telephone number of the designated regulatory affairs staff who should be contacted in connection with general management duties and customer complaints received via the South Carolina Office of Regulatory Staff.***

COMPANY NAME (Including dba Name(s) or Acronyms used or to be used in SC)

Federal ID#

a.

General Manager (Print)

Address

City, State, Zip Code

Telephone Number / Facsimile Number / E-mail Address

b.

Customer Relations/Complaints Representative for Written Complaints (Print)

Address

City, State, Zip Code

Telephone Number / Facsimile Number / E-mail Address

c.

Customer Relations/Complaints Representative for Verbal Complaints (Print)

Address

City, State, Zip Code

Telephone Number / Facsimile Number / E-mail Address

d.

Customer Relations/Complaints Representative for Escalated Complaints (Print)

Address

City, State, Zip Code

Telephone Number / Facsimile Number / E-mail Address

Printed Name

Authorized Signature